



The Structured Decision Making<sup>®</sup> System  
for Child Protective Services

# Policy and Procedures Manual

## Safety and Risk Assessments

FINAL

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## Delaware DSCYF—Division of Family Services

This manual has been developed for use in the state of Delaware. It may not be implemented in any other jurisdiction without consultation with the National Council on Crime and Delinquency. For more information about the SDM<sup>®</sup> system for child protection, contact [SDMSystems@nccdglobal.org](mailto:SDMSystems@nccdglobal.org).

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**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
STRUCTURED DECISION MAKING® MODEL  
GOALS**

**Overall Goals:**

1. Safety
2. Permanency
3. Child well-being

**System Goals:**

1. Reduce the rate of subsequent abuse/neglect reports and substantiations.
2. Reduce the severity of subsequent abuse/neglect complaints or allegations.
3. Reduce the rate of foster care placement.
4. Reduce the length of stay for children in foster care.

**Process Goals:**

1. Improve assessments of family situations to better ascertain the protection needs of children.
2. Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within a county and among counties.
3. Increase the efficiency of child protection operations by making the best use of available resources.
4. Provide management with needed data for program administration, planning, evaluation, and budgeting.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
STRUCTURED DECISION MAKING® ASSESSMENT  
DEFINITIONS**

1. Caregiver: Adults, parents, or guardians in the household who provide care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two parents with legal responsibility for the child living together	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the child. If none of the other adults contribute to child care, there is no secondary caregiver.

The primary or secondary caregiver may be a minor if he/she is the biological parent of the child victim.

2. Family means husband and wife; a man and woman cohabiting in a home in which there is a child of either or both; custodian and child; or any group of persons related by blood or marriage who are residing in one home under one head or where one is related to the other by any of the following degrees of relationship, both parties being residents of this state: mother, father, mother-in-law, father-in-law, brother, sister, brother-in-law, sister-in-law, son, daughter, son-in-law, daughter-in-law, grandfather, grandmother, grandson, granddaughter, stepfather, stepmother, stepson, stepdaughter. The relationships referred to in this definition include blood relationships without regard to legitimacy and relationships by adoption (10 Del. C. §901). Include also families of a man and a man or a woman and a woman cohabiting in a home in which there is a child of either.
3. Household: When completing Structured Decision Making® (SDM) assessments, consider a household to be all persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

**WHICH HOUSEHOLD IS ASSESSED?** Assessments are completed on households. When a child's parents do not live together, the child may be a member of two households.

*Always* assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial parent if it is the residence of the alleged perpetrator.

*Conditionally:*

- If the alleged perpetrator is a non-custodial parent, also assess the custodial parent *if there is an allegation of failure to protect*.
  - If a child is being removed from a custodial parent and will be placed with a non-custodial parent, conduct a Division of Family Services (DFS) home safety assessment on the non-custodial parent and a risk assessment on the non-custodial parent's household. Note: A risk assessment is conducted because a child has been placed into a home by DFS. Whenever DFS makes this decision, it is good practice to make sure that the home is safe both in the short term (using the DFS home safety assessment) and over the long term (using the SDM risk assessment).
4. CPS: Child protection services. Throughout this manual, CPS is used to refer to any child protection agency, generically. This may refer to the Department of Services for Children, Youth, and Their Families, or may refer to any child protection agency in any other jurisdiction. When a definition references "CPS," the reader should be aware that this includes other states.
  5. DFS: Division of Family Services. Throughout this manual, DFS is used to refer to the Division of Family Services in Delaware specifically, rather than to any CPS agency.

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES**  
**SDM® SAFETY ASSESSMENT**

r: 4-14

**Report Name:** \_\_\_\_\_ **Report #:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Worker:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assessment Type:**    ☐ Initial                      ☐ Subsequent (mark one):                      ☐ review/update                      ☐ report/case closing

**Names of Children Assessed:** (If more than six children are assessed, add additional names and numbers on reverse side.)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Are there additional names on reverse?**    ☐ 1. Yes                      ☐ 2. No

**Household Name:** \_\_\_\_\_

**Factors Influencing Child Vulnerability** (conditions resulting in child's inability to protect self; mark all that apply to any child):

- |   |  |
|---|--|
| <input type="checkbox"/> Age 0–5 years                                    | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal)        |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age, but not attending school             |  |

**SECTION 1A: SAFETY THREATS**

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark all that apply.

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:   |
|                          |                          | <input type="checkbox"/> Serious injury or abuse to the child other than accidental.  |
|                          |                          | <input type="checkbox"/> Caregiver fears he/she will maltreat the child.  |
|                          |                          | <input type="checkbox"/> Threat to cause harm or retaliate against the child.   |
|                          |                          | <input type="checkbox"/> Torture of a child or unreasonable use of physical force.  |
|                          |                          | <input type="checkbox"/> Drug-exposed infant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current circumstances, combined with caregiver's history of child maltreatment, suggest that the child's safety may be of immediate concern.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Caregiver is unwilling OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Family refuses access to or hides the child, or there is reason to believe the family is about to flee.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or critical mental health care (suicidal/homicidal).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Other (specify): _____  |

## SECTION 1B: PROTECTIVE CAPACITIES

(If no safety threats are present, skip to Section 3.)

Mark all that apply.

### Child

- ☐ 1. Any child has the cognitive, physical, and emotional capacity to participate in safety interventions.  
If any child has this protective capacity, indicate his/her name(s): \_\_\_\_\_

### Caregiver

- ☐ 2. Any caregiver has the cognitive, physical, and emotional capacity and commitment to participate in safety interventions.
- ☐ 3. Any caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. Any caregiver has the ability and willingness to access resources to provide necessary safety interventions.
- ☐ 5. Any caregiver has supportive relationships with one or more persons who are willing to participate in planning for the child's safety, AND caregiver is willing and able to accept their assistance.
- ☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. Any caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ 8. There is evidence of a healthy relationship between any caregiver and child.
- ☐ 9. Any caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. Any caregiver has a history of effective problem solving.

### Other:

- ☐ 11. \_\_\_\_\_

## SECTION 2: SAFETY INTERVENTIONS

(If no safety threats are present, skip to Section 3.) For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety interventions 1–8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether *any* safety interventions 1–8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If no available safety interventions allow the child to remain in the home, indicate by marking item 9 or 10. A child safety agreement is required to systematically describe interventions and facilitate follow-through.

Mark all that apply:

### IN-HOME INTERVENTIONS

- ☐ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
- ☐ 2. Use of extended family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Have a non-offending caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- ☐ 6. Have a non-offending caregiver move to a safe environment with the child.
- ☐ 7. Legal action planned or initiated—child remains in the home.
- ☐ 8. Other (specify): \_\_\_\_\_

### OUT-OF-HOME INTERVENTIONS

- ☐ 9. The child will temporarily reside with an alternate care provider identified by the family, and with worker monitoring.
- ☐ 10. Child placed in custody because interventions 1–9 do not adequately ensure the child's safety.

## SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one response only.

- ☐ 1. **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in immediate danger of serious harm.
- ☐ 2. **Safe with agreement.** One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. **CHILD SAFETY AGREEMENT REQUIRED.**
- ☐ 3. **Unsafe.** One or more safety threats are present, and out-of-home intervention is the only protecting intervention possible for one or more children. Without out-of-home intervention, one or more children will likely be in danger of immediate or serious harm.  
The following children require out-of-home intervention: (*enter names from page 1*)  
\_\_\_\_\_

### Supplemental Item:

Is the child in current danger of harm due to his/her own behavior?

- ☐ No
- ☐ Yes

If yes, describe the danger and the immediate action taken/recommended future actions.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
SAFETY ASSESSMENT  
POLICY**

**Purpose and Policy**

The purpose of the safety assessment is: 1) to help assess whether any child is likely to be in immediate danger of serious harm/maltreatment, which requires a protecting intervention, and 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

**Safety versus risk assessment:** It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

**Which Cases:** All cases in which the child is in his/her own home, including investigation, family assessment, and treatment.

Include investigations of allegations in non-approved relative homes and non-approved non-relative homes.

Exclude investigations or family assessments of allegations of out-of-state runaway and abandoned infant (Safe Arms).

Exclude assessment of institutional abuse, adoption, and permanency cases.

**Which Household:** Assess the household of which the child is a member that is:

- Also the household of the alleged perpetrator (for investigation)
- Also the household receiving services (for treatment)

Keep in mind that although a child may not spend the majority of his/her time in the household, if he/she is routinely in that household, that defines the household. For example, if a child lives with his mother most of the time, but has regular visitation in his father's home, you would assess the father's household if he were the alleged perpetrator.

**Who:** The worker who is responsible for the case.

**When:** A child's safety shall be assessed:

- At the time of the initial face-to-face contact with the identified victim and household caregivers;

- Prior to returning a child home;
- Within 30 working days prior to treatment case closure;
- Whenever circumstances suggest that the child's safety may be jeopardized, including, but not limited to:
  - » Change in family circumstances (e.g., birth of a baby, new household members, a person leaves the household, the household moves); or
  - » Change in ability of safety interventions to mitigate safety threats.

and

- When considering case closure (without transfer to treatment) *if the most recent safety assessment finding was safe with agreement or unsafe* to ensure that all prior and current safety threats have been resolved through the child safety agreement and/or treatment plan(s).

The safety assessment *process* is completed immediately. FACTS documentation is completed within 48 hours.

For a new report, the safety assessment *process* is completed before ending the initial contact with the family. The process is also completed prior to a child returning to the home during the investigation if the child was out-of-home due to concerns about safety.

For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the worker will complete a safety assessment within 24 hours of being informed.

**Decision:**

The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or if out-of-home interventions are necessary.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
SAFETY ASSESSMENT  
PROCEDURES**

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes the SDM assessment is that it ensures every worker is assessing the same items in each case, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct his/her initial contact as he/she normally would—using good social work practice to collect information from the child, caregiver, and/or collateral sources. The SDM assessment ensures that the specific items comprising the safety assessment are assessed at some time during the initial contact.

Record the date of the safety assessment. The date of assessment should be the date the worker made initial face-to-face contact with the child to assess safety, which may be different than the date the form is being completed in FACTS.

Enter the type of safety assessment, which is either:

- **Initial.** Each household should have one, and only one, initial assessment. This should be completed during the first face-to-face contact with a household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments, one on each household.  
  
A child may be a member of more than one household, and a report may involve more than one household. For example, a child lives with his mother most of the time, but visits with his father on weekends, holidays, and for an extended stay over the summer. There is an allegation that the boy's father physically abused him, and that his mother knew about the abuse and did not take action to prevent future harm to her son. In this case, the child would be a member of two households, and both households would have allegations. In this case, both households (mom's and dad's) would be assessed.
- **Review/update.** After the initial assessment, any additional safety assessment is most likely a review/update, unless it is completed at the point of closing an investigation or case.
- **Investigation closing.** This is a specialized review/update that is completed when considering closing a case after investigation without providing treatment services. This is required if the most recent safety finding was *safe with agreement* or *unsafe*.

Enter the name of the household assessed. In some reports, there may be more than one household with a safety assessment. To correctly link safety assessments to the correct households, enter the name of the household assessed. Typically, this would be the last name of the primary caregiver in the household. If both have the same last name, also include the first name.

Indicate (mark) whether **any child vulnerabilities** are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean the child is unsafe. The presence of one or more child vulnerabilities does not mean a safety assessment is required.

The safety assessment consists of four sections:

- 1A. Safety Threats.** This is a list of critical threats that must be assessed by every worker in every case. These threats cover the kinds of conditions that, if they exist, would render a child in danger of immediate harm. Because not every conceivable safety threat can be anticipated or listed on a form, an “other” category permits a worker to indicate that some other circumstance creates a safety threat; that is, there is something other than the listed categories causing the worker to believe that the child is in immediate danger of being harmed.

Sometimes, a worker may identify that a safety threat was present at some time in the past, but is currently not present **and** is not likely to become a concern in the near future. In such cases, the worker must document carefully why the conditions do not present an imminent danger of serious harm.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some is deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. **For each item, consider the most vulnerable child.** If the safety threat is present, based on available information, mark that item “yes.” If the safety threat is not present, mark that item “no.” If there are circumstances that the worker determines to be a safety threat, and these circumstances are not described by one of the existing items, the worker should mark “other” and briefly describe the threat.

- 1B. Protective Capacities.** This section is completed only if one or more safety threats were identified. Mark any of the listed protective capacities that are present for any child/caregiver. Consider information from the report; from worker observations; interviews with children, caregivers, and collaterals; and review of records. For “other,” consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the safety threats identified in Section 1A.

Protective capacities are **not** justification that a child is safe. The presence of a protective capacity does **not** negate a safety threat that has been identified.

2. **Safety Interventions.** This section is completed only if one or more safety threats are identified. If one or more safety threats are present, it does not automatically follow that a child must be placed. In many cases, it will be possible to initiate a temporary agreement that will mitigate the safety threat(s) sufficiently so that the child may remain in the home while the investigation continues or for the next 20–30 days for an ongoing treatment case. Consider the relative severity of the safety threat(s), the caregiver’s protective capacities, and the vulnerability of the child.

The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the caregiver will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. **Also keep in mind that the safety intervention is not the family service plan**—it is not intended to “solve” the household’s problems or provide long-term answers. A child safety agreement permits a child to remain home during the course of the investigation.

If one or more safety threats are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child requires out-of-home interventions.

If one or more interventions will be implemented, mark each category that will be used. If is an intervention that will be implemented does not fit in one of the categories, mark line 8 and briefly describe the intervention. Safety interventions 9 and 10 are used only when a child is unsafe and only a removal from the home can ensure safety.

When assessing the appropriateness of safety interventions, it is critical to review the assessed protective capacities in section 1B. For example, if protective capacity #2 (caregiver has cognitive, physical, and emotional capacity and commitment to participate in safety interventions) is not marked, the rationale for implementing any safety interventions to keep the child in the home must be clearly documented.

3. **Safety Decision.** In this section, the worker records the result of the safety assessment. There are three choices:

1. **Safe.** Mark this line if no safety threats are identified. The child may remain in the home for the present.
2. **Safe with agreement.** If one or more safety threats are identified and the worker is able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home for the present time, this line is marked.
3. **Unsafe.** If the worker determines that the child cannot be safely kept in the home even after considering a complete range of interventions, this line is marked. It is possible the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. **Mark this line if ANY child requires out-of-home intervention.**

If one or more children are out-of-home, enter the name of the child from page 1; if all children are out-of-home, mark as indicated.

Accurate completion of the safety assessment adheres to the following internal logic:

- If no safety threats are marked, there should be no interventions marked, and the only possible safety decision is, “1. Safe. No safety threats were identified at this time.”
- If one or more safety threats are marked, there must be at least one intervention marked and the only possible safety decisions are:
  - » “2. Safe with agreement. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care. Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger”; or
  - » “3. Unsafe. One or more safety threats are present, and out-of-home intervention is the only protecting intervention possible for one or more children.”
- If one or more interventions are marked AND out-of-home intervention is not marked as an intervention, the safety decision that should be marked is “2. Safe with agreement. One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care. Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger.” **Neither of the out-of-home interventions should be marked as an intervention if other interventions are marked.**

- If either out-of-home intervention is marked as an intervention, the safety decision must be “3. Unsafe. One or more safety threats are present, and out-of-home intervention is the only protecting intervention possible for one or more children.”

**Child safety agreement.** The following must be included in any child safety agreement.

1. What is working well in this family? Document evidence of any protective capacities and family strengths that can be used to address safety threats (e.g., positive relationships, community affiliations, supports, achievements).
2. What is causing the immediate safety threats to the child(ren)? Describe the conditions or behaviors in the home that place any child at imminent threat of serious harm. Use language the family understands so it is clear to them what caused you to identify safety threats.
3. What needs to happen to keep the child(ren) safe, and who will assume responsibility for the actions needed? Explain how each of the safety threats will be contained. Who will take action? What will they do? When does their task need to be accomplished? For how long must the intervention continue? Also describe how the family and the worker will know everyone is completing their assigned tasks.
4. Signatures lines for family members, the worker, and his/her supervisor.

**A CHILD SAFETY AGREEMENT IS REQUIRED WHEN SAFETY DECISION IS #2.**

Note: The child safety agreement should be documented in the investigation contact in FACTS.

The child safety agreement **MUST** be completed with the family, and a copy should be left with the family. The agreement must be signed by everyone who is a party to the child safety agreement, indicating that they understand and agree to their roles and responsibilities in implementing the agreement. Signing also signifies that participants understand the consequences of not fulfilling their responsibilities regarding the child safety agreement.

If safety threats have not been resolved by the end of the investigation/assessment, the child safety agreement will be provided to the treatment worker, and all remaining interventions will be incorporated into the family service plan.

The child safety agreement must be reviewed every 30 days during investigation or treatment. This is the maximum period before review, and the child safety agreement may be reviewed sooner as needed.

A case cannot be closed by investigation or treatment when there is an active child safety agreement. A child safety agreement review must be done to determine whether (1) the current child safety agreement should continue, (2) the current child safety agreement should be modified, (3) a new child safety agreement should be developed, or (4) a child safety agreement is no longer needed. The worker should document in a FACTS Progress Note when a child safety agreement has been reviewed and discussed with the family. Numbers (2) and (3) will require new signatures. Number (4) will require a new safety assessment to document that safety threats have been resolved.

A word about the child safety agreement. The initial child safety agreement may rely on community and agency services and resources because the protective abilities of the family or caregiver(s) may be unknown or uncertain. Over time, the child safety agreement should be reviewed regularly, and the responsibility for providing for child safety should be transferred back to the caregiver(s), substituting the family's informal supports for formal and agency-provided supports as the caregiver's ability is developed or better understood. Each child safety agreement should be feasible and effective, meaning that the worker has confidence it will be completed as planned, and that it will be successful in providing for the child's safety. However, each child safety agreement should also employ the skills of the caregiver and family to the fullest extent possible.

### **Practice Considerations**

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend upon social work clinical skills. Whenever possible, the worker should use a strength-based approach to initiate the contact, while remaining observant for the presence or absence of safety threats. Many safety threats may be obvious and identified without invasive questioning. Others will benefit from candor, which will be more forthcoming when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the worker will also begin to gather information regarding risk and/or strengths and needs items, as well as additional clinical information.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
SAFETY ASSESSMENT  
DEFINITIONS**

**SECTION 1A: SAFETY THREATS**

**1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:**

- Serious injury or abuse to the child other than accidental—The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; **and** the child requires medical treatment.
- Caregiver fears he/she will maltreat the child OR a non-approved care provider requests a change of placement.
- Threat to cause harm or retaliate against the child—Threat of action that would result in serious harm; or household member plans to retaliate against child for CPS investigation.
- Torture of a child or unreasonable use of physical force—The caregiver has tortured a child or used physical force in a way that bears no resemblance to reasonable discipline or punished the child beyond the duration of the child's endurance. Examples include, but are not limited to, having the child kneel on rice, hold phone books with extended arms, or run laps to the point of collapse as punishment. Use this subcategory for caregiver actions that are likely to result in serious harm, but have not yet caused a serious injury.
- Drug-exposed infant—There is evidence that the mother used alcohol, drugs, or other substances during pregnancy, **AND** this has created imminent danger to the infant.
  - » Indicators of drug use during pregnancy include: drugs found in the mother's or child's system, mother's self-report, diagnosed as high-risk pregnancy due to drug use, efforts on mother's part to avoid toxicology testing, withdrawal symptoms in mother or child, pre-term labor due to drug use.

**AND**

- » Indicators of imminent danger include: The infant is diagnosed as medically fragile as a result of drug exposure; the infant suffers adverse effects from introduction of drugs during pregnancy.

**2. Current circumstances, combined with the caregiver’s history of child maltreatment, suggest the child’s safety may be of immediate concern.**

This safety threat is used when there are no other safety threats present (i.e., no other safety threat definition has been met), but there are concerns that the family may be at a “tipping point” due to a combination of conditions near the definition of another safety threat and a prior history of child maltreatment. If the definition of any other safety threat is met, this threat may not be selected.

- There must be both current immediate threats to child safety

AND

- Related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following:

- » Prior death of a child as a result of maltreatment.
- » Prior serious injury or abuse to the child other than accidental. The caregiver caused serious injury defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child *and required medical treatment*.
- » Failed reunification—the caregiver had reunification efforts terminated in connection with a prior CPS investigation.
- » Prior removal of a child—removal/placement of a child by CPS or other responsible agency or concerned party was necessary for the safety of the child.
- » Prior CPS substantiation—a prior CPS investigation was substantiated for maltreatment.
- » Prior inconclusive CPS investigation—factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- » Prior threat of serious harm to a child—previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child.

- » Prior service failure—failure to successfully complete court-ordered or voluntary services, indicating that the family or caregiver have not changed their behavior to address previous issues.
- » The family has a history of keeping the child at home, away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding investigation.

**3. Child sexual abuse is suspected, AND circumstances suggest that the child’s safety may be of immediate concern.**

Suspicion of sexual abuse may be based on indicators such as:

- The child discloses sexual abuse.
- The child demonstrates inappropriate or sexualized behavior, based on the child’s age and developmental level.
- Medical findings consistent with molestation.
- The caregiver or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with a child.
- The caregiver or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).

AND

The child’s safety may be of immediate concern if:

- The non-offending caregiver is not protective or is otherwise influencing or coercing the child victim regarding disclosure.
- Access to a child by a confirmed sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, exists.

**4. Caregiver is unwilling OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.**

- The caregiver fails to protect the child from serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child. The caregiver does not provide supervision necessary to protect the child from potentially serious harm by others based on the child’s age or developmental stage.

- An individual with known violent criminal behavior/history resides in the home, or the caregiver allows access to the child.

**5. Caregiver’s explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child’s safety may be of immediate concern.**

Assess this item based on the caregiver’s statements by the end of the contact. It may be typical for a caregiver to initially minimize, deny, or give an inconsistent explanation, but, through discussion, admit to the true cause of the child’s injury. Such situations should be understood as a “normal” reaction and not as a safety threat. *However*, mark this safety threat if the caregiver’s statements have not changed (i.e., to admit or accept the more likely explanation) by the end of the contact. Examples include, but are not limited to:

- Medical evaluation indicates, or medical professionals suspect, the injury is the result of abuse; the caregiver denies or attributes injury to accidental causes.
- The caregiver’s description of the injury or cause of the injury minimizes the extent and impact of harm to the child.
- Factors to consider include the child’s age, location of injury, special needs of the child (cognitive, emotional, or physical), or history of injuries.

Do not include situations in which the caregiver offers no explanation for a child injury.

**6. Family refuses access to or hides the child, or there is reason to believe the family is about to flee.**

- The child’s location is unknown to DFS, and the family will not provide the child’s current location.
- The family has removed or threatened to remove the child from whereabouts known to DFS to avoid investigation.
- The family has previously fled in response to a CPS investigation.
- The family is keeping the child at home, away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding investigation.
- The caregiver coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

**7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or critical mental health care (suicidal/homicidal).**

- Minimal nutritional needs of the child are not met, resulting in danger to the child's health, such as malnourishment.
- The child is without clothing appropriate to the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the parent.
- The caregiver does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s), or does not follow prescribed treatment for such conditions.
- The child has exceptional needs, such as being medically fragile, which the caregiver does not or cannot meet.
- The child shows significant symptoms of prolonged lack of emotional support of and/or socialization with the caregiver, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to caregiver behavior.
- The caregiver does not provide age- or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that need for care goes unnoticed or unmet (e.g., caregiver is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caregiver is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).
- The caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care, OR the caregiver leaves the child alone (time period varies with age and developmental stage). In general, a child aged 12 or older can be considered able to provide supervision for self and younger children, taking into consideration the length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any needs or vulnerabilities of the children.

Exclude situations in which the caregiver chooses not to provide psychotropic or behavioral medications to a child unless the child is suicidal or homicidal.

**8. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.**

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (heat, plumbing, electricity), and no alternate or safe provisions are made.
- Open/broken/missing windows in areas accessible to children and/or unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns/ammunition and other weapons are not safely secured and are accessible to children.
- Methamphetamine production in the home.
- The family has no shelter for the night, or is likely to be without shelter in the near future (e.g., the family is facing imminent eviction from their home and has no alternative arrangements; the family is without a permanent home and does not know where they will take shelter in the next few days or weeks) AND this lack of shelter is likely to present a threat of serious harm to the child (e.g., the child is likely to be exposed to extreme cold without shelter, the child is likely to sleep in a dangerous setting).

**9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.**

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

**10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.**

There is evidence of domestic violence in the home, AND this creates a safety concern for the child. Examples may include:

- The child was previously injured in domestic violence incident.

- The child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- The child is at potential risk of physical injury (e.g., parent holding child while alleged perpetrator attacks parent).
- The child's behavior increases risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

Consider domestic violence to include physical assault by one adult on another or multiple incidents of intimidation, threats, or harassment between caregivers or involving an adult household member and another adult(s). Incidents may be identified by self-report, credible report by a family or other household member, credible sources, and/or police reports.

Do not include violence between any adult household member and a child.

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

**11. Caregiver persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.**

This threat is related to a persistent pattern of caregiver behaviors.

Examples of caregiver actions include the following:

- The caregiver describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses at and/or repeatedly puts the child down.
- The caregiver scapegoats a particular child in the family.
- The caregiver blames the child for a particular incident or family problems.

- The caregiver places the child in the middle of a custody battle (e.g., parent persistently makes negative comments about other parent).

**12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.**

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child.
- The caregiver's inability to control emotions impedes his/her ability to parent the child.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child.
- The caregiver's mental health status impedes his/her ability to parent the child.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, to be still for extended periods, be toilet trained, eat neatly; expected to care for younger siblings; or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as:
  - » Not knowing that infants need regular feedings;
  - » Failure to access and obtain basic/emergency medical care;
  - » Proper diet; or
  - » Adequate supervision.

**13. Other (specify).** Circumstances or conditions that pose an immediate threat of serious harm to a child not already described in safety threats 1–12.

## **SECTION 1B: PROTECTIVE CAPACITIES**

### **Child**

**1. Any child has the cognitive, physical, and emotional capacity to participate in safety interventions.**

- Any child has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options

for obtaining immediate assistance if needed (e.g., calling 911, running to neighbor, telling teacher).

- Any child is emotionally capable of acting to protect his/her own safety despite allegiance to his/her caregiver or other barriers.
- Any child has sufficient physical capability to defend him/herself and/or escape if necessary.

## Caregiver

**2. Any caregiver has the cognitive, physical, and emotional capacity and commitment to participate in safety interventions.**

Any caregiver has the ability to understand that the current situation poses a threat to the safety of the child. He/she is able to follow through with any actions required to protect the child. He/she is willing to put the emotional and physical needs of the child ahead of his/her own. He/she possesses the capacity to physically protect the child.

**3. Any caregiver has a willingness to recognize problems and threats placing the child in imminent danger.**

Any caregiver is cognizant of the problems that have necessitated intervention to protect the child. The caregiver is able and willing to verbalize what is required to mitigate the threats that have contributed to the threat of harm to the child and accepts feedback and recommendations from the worker. The caregiver expresses a willingness to participate in problem resolution to ensure that the child is safe.

**4. Any caregiver has the ability and willingness to access resources to provide necessary safety interventions.**

Any caregiver has the ability to access resources to contribute toward a child safety agreement, or community resources are available to meet any identified needs in planning for the child's safety (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).

**5. Any caregiver has supportive relationships with one or more persons who are willing to participate in planning for the child's safety, AND caregiver is willing and able to accept their assistance.**

Any caregiver has a supportive relationship with another family member, neighbor, or friend who is able to assist in planning for the child's safety. Assistance includes, but is not limited to, the provision of child care or securing appropriate resources and services in the community. Do not include the caregiver's relationship with the worker or with other professionals who are engaged with the family.

- 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.**

The non-offending caregiver understands that continued exposure between the child and the offending caregiver poses a threat to the safety of the child, and the non-offending caregiver is able and willing to protect the child by ensuring that the child is in an environment in which the non-offending caregiver will not be present. If necessary, the non-offending caregiver is willing to ask the offending caregiver to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending caregiver to have other forms of contact (telephone calls, electronic correspondence, mail, or correspondence through third-party individuals, etc.) with the child.
- 7. Any caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.**

Any caregiver accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The caregiver cooperates with the continuing investigation/assessment, allows the worker and intervening agency to have contact with the child, and supports the child in all aspects of the investigation or ongoing interventions.
- 8. There is evidence of a healthy relationship between any caregiver and child.**

Any caregiver displays appropriate behavior toward the child, demonstrating that a healthy relationship with the child has been formed. There are clear indications through both verbal and non-verbal communication that the caregiver is concerned about the emotional well-being and development of the child. The child interacts with the caregiver in a manner evidencing that an appropriate relationship exists and that the child feels nurtured and safe.
- 9. Any caregiver is aware of and committed to meeting the needs of the child.**

Any caregiver is able to express the ways in which he/she has historically met the needs of the child for supervision, stability, basic necessities, mental/medical health care, and development/education. The caregiver is able to express his/her commitment to the continued well-being of the child.
- 10. Any caregiver has a history of effective problem solving.**

Any caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbors, and community members. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner. Even if the current incident was not handled effectively by the caregiver, consider if there were periods in the past during which he/she was able to provide protection for the child.

## SECTION 2: SAFETY INTERVENTIONS

Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow agency policies whenever applying any of the safety interventions. **Keep in mind that multiple interventions may be necessary to create a feasible and effective child safety agreement.**

- 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)**  
Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include: providing information about non-violent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining protection from abuse orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.
- 2. Use of extended family, neighbors, or other individuals in the community as safety resources.**  
Engaging the family's natural support system, such as family members, neighbors, or other individuals to mitigate safety concerns. Examples include: engaging a grandparent to assist with child care, agreement by a neighbor to serve as a safety net for an older child, commitment by a person to enforce and support the caregiver's relapse plan, or the caregiver's decision to have the child spend a night or a few days with a friend or relative.
- 3. Use of community agencies or services as safety resources.**  
Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns (e.g., using a local food pantry). DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.
- 4. Have a non-offending caregiver appropriately protect the victim from the alleged perpetrator.**  
A non-offending caregiver has acknowledged the safety concerns and is able and willing to protect the child from the alleged perpetrator. Examples include: agreement that the child will not be alone with the alleged perpetrator or agreement that the caregiver will intervene to protect the child from the alleged perpetrator.
- 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**  
Temporary or permanent removal of the alleged perpetrator. Examples include: incarceration of alleged perpetrator, no contact order, protection from abuse order, and perpetrator agrees to leave.

6. **Have a non-offending caregiver move to a safe environment with the child.**  
A caregiver not suspected of harming the child has taken or plans to take the child to an alternate location where there will be no access to the suspected perpetrator. Examples include: domestic violence shelter, home of a friend or relative, hotel.
7. **Legal action planned or initiated—child remains in the home.**  
Legal action has already commenced, or will be commenced, that will effectively mitigate identified safety threats. This includes family-initiated actions up to and including change in custody/visitation/guardianship initiated by non-offending caregiver.
8. **Other.**  
The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1–7.
9. **The child will temporarily reside with an alternate care provider identified by the family, and with worker monitoring.**  
The caregiver has identified an alternative care provider for the child to reside elsewhere. To select this intervention, the worker must document:
  - The address of the temporary residence of the child;
  - The person in that household who will be responsible for the child;
  - Background checks (criminal history and DSCYF history) on all persons in the residence;
  - Completion of the relative/non-relative home safety assessment;
  - Inclusion of the person responsible for the child into a child safety agreement to contain the threats to the child’s safety; and
  - A timeframe to reassess the agreement to make a decision for the longer-term residence of the child.
10. **Child placed in custody because interventions 1–9 do not adequately ensure the child’s safety.**  
The worker will file an Ex Parte Order with the Dependency/Neglect Petition for Custody. One or more children are placed in out-of-home care and are entitled to a Preliminary Protection Hearing within 10 days.

### SECTION 3: SAFETY DECISION

1. **Safe.** No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. **Safe with agreement.** One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A CHILD SAFETY AGREEMENT IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
3. **Unsafe.** One or more safety threats are present, and the child leaving the home is the only protecting intervention possible for one or more children. Without an out-of-home intervention, one or more children will likely be in danger of immediate or serious harm. If a child is placed out of home with an alternate care provider identified by the caregiver, a child safety agreement is required. Mark to indicate whether all children are being placed or if only some children are being placed. **If the safety assessment was conducted during a family assessment response, a finding of unsafe requires that the case be changed to an investigation response.**

### Supplemental Item

Is the child in current danger of harm due to his/her own behavior?

- The child is currently engaging in behaviors that place him/her at imminent risk of serious harm. Examples include but are not limited to children who run away from the home and place themselves in unsafe living/sleeping situations, children who engage in prostitution, and children who engage in self-harming behaviors that require medical intervention.
- The child's caregiver has responded appropriately and made reasonable efforts to help the child modify his/her behavior. Examples include but are not limited to seeking counseling, treatment, and/or other services for the child, and increasing direct supervision and monitoring of the child. If the caregiver has not taken appropriate and reasonable steps to respond to the child's behavior, select one of the safety threats above.
- The caregiver's current efforts, although appropriate, are insufficient to prevent the child from engaging in the behavior in the near future.

# DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES

## PROVIDER SAFETY ASSESSMENT

r: 4-14

**Primary Care Provider Name:** \_\_\_\_\_ **Report #:** \_\_\_\_\_

**Type: DFS custody**    ☐ DFS foster home, contracted provider foster home  
                                  ☐ Approved relative, approved non-relative, pre-adoptive

**Exclude caregiver-initiated agreements and institutional settings.**

Name(s) of foster children in the household:

Name	Age	Name	Age
1.		3.	
2.		4.	

**Date of Report:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Assessment:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Worker Name:** \_\_\_\_\_

### SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present for any foster/adoptive child currently residing in the household. Mark all that apply.

- ☐ 1. Care provider caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:
  - ☐ Injury or abuse to the child other than accidental;
  - ☐ Care provider fears he/she will maltreat the child and/or requests removal;
  - ☐ Threat to cause harm or retaliate against the child;
  - ☐ Torture of a child or unreasonable use of physical force;
  - ☐ Use of physical force or corporal punishment.
- ☐ 2. Current circumstances, combined with the care provider's history of IA, standards review, or intrafamilial child maltreatment and/or incident reports, suggest that the child's safety may be of immediate concern.
- ☐ 3. Child sexual abuse is suspected.
- ☐ 4. Care provider fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.
- ☐ 5. Care provider's explanation for the injury to the child is questionable or inconsistent with the type of injury.
- ☐ 6. Care provider hinders/refuses access to or hides the child.
- ☐ 7. Care provider does not meet the child's needs for supervision, food, clothing, and/or medical or mental health care.
- ☐ 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- ☐ 9. Care provider currently uses illegal substances OR care provider's current use of a legal substance impairs his/her ability to supervise, protect, or care for the child.
- ☐ 10. Domestic violence exists in the household.
- ☐ 11. Care provider routinely describes the child in negative terms or acts toward the child in negative ways.
- ☐ 12. Care provider's current emotional stability, developmental status, or cognitive deficiency impairs his/her current ability to supervise, protect, or care for the child.
- ☐ 13. Other (specify): \_\_\_\_\_

### SECTION 2: SAFETY INTERVENTIONS

If no safety threats are present, proceed to Section 3. If one or more safety threats are present, consider whether safety interventions 1–6 will allow the child to remain in the household for the present time. Mark the item number for all safety interventions that will be implemented. If no available safety interventions would allow the child to remain in the household, indicate by marking item 7, and follow procedures for initiating a removal of the child from the household to an alternative placement resource.

Mark all that apply:

- ☐ 1. Intervention or direct services by worker.
- ☐ 2. Use of extended family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Have a non-offending care provider appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.
- ☐ 6. Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ 7. Temporary removal from the current placement for the duration of the investigation is necessary because the foster home is under investigation for allegations equal to Child Protection Registry Levels III or IV child abuse/neglect, AND there appears to be validity after interviewing the alleged victim.
- ☐ 8. Removal from current placement is necessary because interventions 1–7 do not adequately ensure the child's safety.

### SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. This decision should be based on the assessment of all dangers, safety interventions, and any other information known about the case. Check one line only.

- ☐ 1. Safe. No dangers were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of harm.
- ☐ 2. Safe with agreement. One or more dangers are present, and protective safety interventions have been planned or taken. Based on protective interventions, the child will remain in the household at this time. **A child safety agreement must be completed.**
- ☐ 3. Unsafe. One or more dangers are present, and removal from the household is the only protective intervention possible for one or more children. Without removal, one or more children will likely be in danger of immediate harm.

Foster Children Removed	Foster Children Not Removed
1.	1.
2.	2.
3.	3.
4.	4.

#### Supplemental Item:

Is the child in current danger of harm due to his/her own behavior?

- ☐ No
- ☐ Yes

If yes, describe the danger and the immediate action taken/recommended future actions.

Caseworker Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Copy the appropriate individuals according to agency policy.**

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
PROVIDER SAFETY ASSESSMENT  
POLICY**

**Purpose and Policy**

The provider safety assessment is used to determine if a child may safely remain in a placement when concerns about safety in that placement have been raised or an allegation of maltreatment has been made. Although similar in structure to the safety assessment, the provider safety assessment uses a different threshold when determining that a child is in danger of imminent harm. The threshold for determining that a child needs a child safety agreement or needs to be removed to a different placement is lower for a provider than for a parent/caregiver because a child in placement is in the custody of DFS.

**Which Cases:** All investigations of alleged abuse/neglect by a care provider of a child in DFS custody, including the following:

- DFS foster homes
- Contracted provider foster homes
- Approved relative homes
- Approved non-relative homes
- Pre-adoptive homes

Non-approved relative homes and non-approved non-relative homes should be assessed using the SDM safety assessment.

Exclude group homes, institutions, and residential treatment centers.

The provider safety assessment is completed *only* for foster children within the home. If the care provider has biological children in the home, complete the safety assessment for the safety of those biological children.

**When:** As part of the investigation, prior to leaving the child in the home. The assessment must be documented within 48 hours of the first face-to-face contact with the alleged child victim. If needed, a subsequent provider safety assessment may be completed to assess changes in safety during the investigation.

**Who:** The investigating worker.

**Decision:** Guides the decision to remove a foster child from the care provider's home based on whether threats to safety are present in the household and whether interventions are available and appropriate to maintain placement.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
PROVIDER SAFETY ASSESSMENT  
PROCEDURES**

Workers should familiarize themselves with the items included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are very similar to the items on the safety assessment used in intrafamilial investigations.

Use of the safety assessment ensures that every worker is assessing the same items in each investigation of abuse/neglect by a care provider, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct his/her initial contact as he/she normally would, using good social work practice to collect information from the child, care provider, and/or collateral sources. The SDM system ensures that the specific items comprising the safety assessment are assessed at some time during the initial contact.

Enter the primary care provider name and record the type of home being assessed. Complete one assessment per report.

Additionally, record the names of all foster children in the home and their ages, including children in adoptive status for whom the adoption has not yet been finalized.

Enter the date the safety assessment was completed, which should be the date the worker made initial face-to-face contact with the child(ren) to assess safety; that date may be different than the date for the forms completion in FACTS.

The safety assessment consists of three sections:

- 1. Safety Threats.** This is a list of critical threats that must be assessed by every worker in every investigation of alleged abuse/neglect by a care provider. These threats cover the kinds of conditions that, should they exist, would render a child in danger of harm. Because not every conceivable safety threat can be anticipated or listed on a form, an “other” category permits a worker to indicate that some other circumstance creates a safety threat; that is, something other than the listed categories is causing the worker to believe that the child is in danger of being harmed.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is not expected that all facts about a case be known immediately. Some information is inaccessible, and some is deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety threats and accompanying definitions. For each item, consider all foster children in the home. If the safety threat is present, based on available information, mark that item. If there are circumstances that the worker

determines to be a safety threat and these circumstances are not described by one of the existing items, the worker should mark “other” and briefly describe the threat.

2. **Safety Interventions.** This section is completed only if one or more safety threats are identified. If one or more safety threats are present, it does not automatically follow that a child must be removed from the care provider’s home. In many cases, it will be possible to initiate a temporary plan to mitigate the safety threat(s) sufficiently so that the child may remain in the home while the investigation continues.

The safety intervention list contains general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the safety threat(s), and whether there is reason to believe the care provider will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention, the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the care provider would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the safety threat(s), but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not intended to solve the household’s problems or provide long-term answers. A child safety agreement permits a child to remain home during the course of the investigation.

If one or more safety threats are identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that the child will be removed from the care provider’s home.

If one or more interventions will be implemented, mark each category that will be used. If an intervention will be implemented that does not fit in one of the categories, mark #6 and briefly describe the intervention. Safety intervention #7 is used only when it is determined that no other interventions are available or appropriate to mitigate safety threats that would allow the current placement to continue.

3. **Safety Decision.** In this section, the worker records the result of the safety assessment. There are three choices:

1. Safe. No safety threats were identified at this time. Select this safety decision if no safety threats are identified. The SDM assessment guides the worker to leave the child in the home for the present.
2. Safe with agreement. One or more safety threats are present, and protective safety interventions have been planned or taken. Select this safety decision if one or more safety threats are identified and the worker is able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home for the present time.

3. Unsafe. One or more safety threats are present and removal from the household is the only protective intervention possible for one or more children. Select this safety decision if the worker determines the child cannot be safely kept in the home even after considering a complete range of interventions. It is possible the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Select this safety decision if ANY child is removed from the home.

If one or more children are placed, list the names of foster children who are removed from the home and the names of any foster children who were not removed from the home.

Workers must also consider if the child has any behaviors that place him/her at imminent threat of serious harm *in spite of appropriate action by the care provider*. In such cases, the worker should document the concerns and describe how they will be mitigated over the short term until a long-term plan can be made.

Child safety agreement: A child safety agreement is required whenever the safety decision is #2. The following must be included in any child safety agreement.

1. What is working well in this family? Document evidence of any protective actions or family strengths that can be used to address safety threats (e.g., positive relationships, community affiliations, supports, achievements).
2. What is causing the immediate safety threats to the child(ren)? Describe the conditions or behaviors in the home that place any child at imminent threat of serious harm. Use language the family understands so it is clear to them what caused you to identify safety threats.
3. What needs to happen to keep the child(ren) safe, and who will assume responsibility for the actions needed? Explain how each of the safety threats will be contained. Who will take action? What will they do? When does their task need to be accomplished? For how long must the intervention continue? Also describe how the family and the worker will know that everyone is completing their assigned tasks.
4. Signatures lines for family members, the worker, and his/her supervisor.

Note: The child safety agreement should be documented in FACTS.

The child safety agreement **MUST** be completed with the care provider, and a copy should be left with the family.

The child safety agreement must be reviewed every 30 days during investigation or treatment. This is the maximum period before review, and the child safety agreement may be reviewed sooner as needed.

A case cannot be closed by investigation or treatment when there is an active child safety agreement. A child safety agreement review must be done to determine whether (1) the current child safety agreement should continue, (2) the current child safety agreement should be modified, (3) a new child safety agreement should be developed, or (4) a child safety agreement is no longer needed. The worker should document in a FACTS Progress Note when a child safety agreement has been reviewed and discussed with the family. Numbers (2) and (3) will require new signatures. Number (4) will require a new safety assessment to document that safety threats have been resolved.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
PROVIDER SAFETY ASSESSMENT  
DEFINITIONS**

**General Definitions**

Foster child: Any child for whom the department has legal protective custody, including foster children for whom adoption is pending and has not yet been finalized.

Care provider: A person providing out-of-home care to children, including DFS foster homes, contracted provider foster homes, approved relative homes, approved non-relative homes, and pre-adoptive homes.

**SECTION 1. SAFETY THREATS**

**1. Care provider caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:**

- Injury or abuse to the child other than accidental.
- Care provider fears he/she will maltreat the child and/or requests removal.
- Threat to cause harm or retaliate against the child, threat of action that could result in harm, or plans to retaliate against the child for DFS investigation.
- Torture of a child or unreasonable use of physical force: Care provider has acted in a way that bears no resemblance to reasonable discipline. Examples include, but are not limited to, having the child kneel on rice, hold phone books with extended arms, or run laps to the point of collapse as punishment. Use this subcategory for care provider actions that are likely to result in harm, but have not yet caused an injury.
- Use of physical force or corporal punishment.

**2. Current circumstances, combined with the care provider's history of IA, standards review or intrafamilial child maltreatment and/or incident reports, suggest that the child's safety may be of immediate concern.**

There must be both current concerns AND related previous reports/incidents that represent an emerging or unresolved pattern. Previous incidents may include any of the following:

- Prior incident reports, including any approval/licensing complaints or citations.
- Prior reports of abuse/neglect to the child.
- Evidence of prior unreported injuries or incidents.

**3. Child sexual abuse is suspected.**

Suspicion of sexual abuse may be based on indicators such as the following:

- The child discloses sexual abuse.
- The child demonstrates inappropriate or sexualized behavior, based on the child's age and developmental level.
- Medical findings consistent with molestation.
- Care provider or others in household have been convicted, investigated, or accused of sexual misconduct with any child.
- Indications of poorly defined or questionable sexual boundaries between household members; and/or care provider engages in or permits other household members to engage in behaviors that infringe upon appropriate sexual boundaries. Based on age, gender, and developmental status of household members, examples of inappropriate and/or poorly defined sexual boundaries may include such things as non-gender-specific sleeping arrangements, showering/bathing practices, exposure to nudity or sexually explicit materials, etc.

**4. Care provider fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.**

- Care provider fails to protect the child from harm or threatened harm as a result of physical abuse, neglect, sexual abuse, or emotional abuse by other family members, other household members, or others having regular access to the child. Based on the child's age or developmental stage, care provider does not provide supervision necessary to protect the child from potential harm by others.
- An individual(s) with known violent criminal behavior/history resides in the household, or care provider allows access to the child.

**5. Care provider's explanation for the injury to the child is questionable or inconsistent with the type of injury.**

Assess this item based on the care provider's statements by the end of the contact. It may be typical for a care provider to initially minimize, deny, or give an inconsistent explanation, but, through discussion, admit to the true cause of the child's injury. Such a situation should be understood as a "normal" reaction and not as a safety threat. However, mark this safety threat if the care provider's statements have not changed (i.e., to admit or accept the more likely explanation) by the end of the contact.

- Medical evaluation indicates, or medical professionals suspect, injury is consistent with abuse; care provider denies injury or attributes injury to accidental causes.

- Care provider's description or cause of the injury minimizes the extent and impact of harm to the child.

Do not include situations in which the care provider offers no explanation for a child injury.

**6. Care provider hinders/refuses access to or hides the child.**

- Care provider currently refuses or hinders access to the child.
- Care provider has removed or threatened to remove the child from whereabouts known to DFS to avoid investigation.
- Care provider keeps the child at home, away from friends, school, and other outsiders for extended periods of time.
- Care provider coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

**7. Care provider does not meet the child's needs for supervision, food, clothing, and/or medical or mental health care.**

- Nutritional needs of the child are not met, resulting in danger to the child's health and/or safety; the child appears malnourished.
- Child is without clothing appropriate to the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the caregiver.
- Child has a medical/dental/vision condition AND the care provider does not seek treatment or does not follow prescribed treatment for such conditions.
- Child has special needs, such as being medically fragile, which care provider does not meet.
- Child has serious emotional symptoms, lack of behavioral control, or psychosomatic symptoms (e.g., sleep/appetite disturbance), and care provider does not seek or provide appropriate interventions.
- Care provider does not provide age- or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the child's need for care goes unnoticed or unmet (e.g., care provider is present but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).

- Care provider is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown) or incapacitated (e.g., injured, ill).
- Care provider makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for the child's care, OR care provider leaves the child alone (time period varies with age and developmental stage). In general, a child aged 12 or older can be considered able to provide supervision for him/herself and for younger children, taking into consideration the length of time, provisions for emergencies (e.g., able to call 911, neighbors able to provide assistance), and any needs or vulnerabilities of the children.

**8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.**

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger the health and/or safety of the child.
- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions made.
- Open/broken/missing windows in areas accessible to children and/or unsafe structural issues in the home (e.g., walls falling down, floor missing).
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns/ammunition and other weapons are not safely secured and are accessible to children.
- Unrestricted access to pool or other body of water as required by licensing policy.
- Blocked exits or unmarked exit routes.
- Missing or non-functioning smoke detectors.

- Un-gated stairways.
- Unsafe sleeping arrangements (e.g., an infant under age one sharing a bed, other conditions as defined in the DFS Home Environment Screening Guidelines or *Delacare*).

**9. Care provider currently uses illegal substances, OR care provider's current use of a legal substance impairs his/her ability to supervise, protect, or care for the child.**

- There is evidence to suspect that the care provider is using/abusing illegal substances.

OR

- There is evidence to suspect that the care provider is using/abusing legal substances (including alcohol and prescription medications when used improperly);

AND

- This use/abuse has impaired the care provider's ability to care for and/or protect the child.

**10. Domestic violence exists in the household.**

- The child is or has been exposed to domestic violence in the household.
- Consider domestic violence to include physical assault by one adult on another; multiple incidents of intimidation, threats, or harassment between care providers; or involving an adult household member and another adult(s). Incidents may be identified by self-report, credible report by a family or other household member, credible sources, and/or police reports.
- Do not include domestic violence between any adult household member and a child.
- Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

**11. Care provider routinely describes the child in negative terms or acts toward the child in negative ways.**

- Care provider describes the child in a demeaning or degrading manner (e.g., as evil, stupid, ugly).

- Care provider curses at and/or repeatedly puts the child down.
- Care provider scapegoats a particular child in the household.
- Care provider inappropriately blames the child for a particular incident or household problems.
- Care provider treats the child in markedly different ways than which he/she treats others, may stigmatize the child.
- Care provider interferes with the child's reunification or adoption (e.g., interferes with visitation or communication with birth parent, makes negative comments about the child's birth/adoptive family).
- Care provider undermines the child's cultural or religious identity, sexual orientation, or gender identity.

**12. Care provider's current emotional stability, developmental status, or cognitive deficiency impairs his/her current ability to supervise, protect, or care for the child.**

- Care provider's refusal to take prescribed medications impedes his/her ability to care for the child.
- Care provider's inability to control his/her emotions impedes his/her ability to care for the child.
- Care provider acts out or exhibits distorted perception that impedes his/her ability to care for the child.
- Care provider's mental health status impedes his/her ability to care for the child.
- Care provider expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, be still for extended periods, be toilet trained, eat neatly; or older children expected to care for younger children or stay alone).
- Care provider lacks the basic knowledge related to parenting skills:
  - » Does not know infants need regular feedings;
  - » Fails to access and obtain basic/emergency medical care;
  - » Does not understand what constitutes proper diet; or
  - » Does not understand what constitutes adequate supervision.

**13. Other (specify):**

Circumstances or conditions that pose an immediate threat of harm to a child not already described in safety threats 1–12.

## **SECTION 2. SAFETY INTERVENTIONS**

**Safety interventions are actions taken to specifically mitigate any identified safety threats. They should address immediate safety considerations rather than long-term changes. Follow DFS policies whenever applying any of the safety interventions.**

**1. Intervention or direct services by worker.**

Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety threats. Examples include providing information about non-violent disciplinary methods, the child’s development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining protection from abuse orders; and providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.

**2. Use of extended family, neighbors, or other individuals in the community as safety resources.**

Engaging the family’s natural support system, such as extended family members, neighbors, or other individuals to mitigate safety concerns; agreement by a neighbor or relative to serve as a safety net for the child.

**3. Use of community agencies or services as safety resources.**

Involving community-based organization, faith-related organization, or other agency in activities to address safety concerns. DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for services.

**4. Have a non-offending care provider appropriately protect the victim from the alleged perpetrator.**

Care provider has acknowledged the safety concerns and is able and willing to protect the child from the alleged perpetrator.

**5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.**

Removal of the alleged perpetrator. Examples include arrest of alleged perpetrator, “kicking out” alleged perpetrator who has no legal right to residence, or perpetrator agrees to leave.

**6. Other.**

The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1–5.

**7. Temporary removal from the current placement for the duration of the investigation is necessary because the foster home is under investigation for allegations equal to Child Protection Registry Levels III or IV child abuse/neglect, AND there appears to be validity after interviewing the alleged victim.**

The placement under investigation is an approved or licensed foster home and two additional conditions are met:

- The allegations are consistent with Child Protection Registry Level III or IV child abuse/neglect, which includes:
  - » Abandonment of a child aged 0-17;
  - » Bizarre treatment that is extreme or significantly disproportionate to the precipitating event;
  - » Blunt force trauma; head trauma; bone fracture; intentionally or recklessly inflicted burns or scalds; medically serious internal injury to the abdominal or chest area; dislocations and sprains; puncture/stab wounds requiring medical treatment; bruises, cuts, or lacerations requiring intervention by a medical professional;
  - » Poisoning;
  - » Suffocation;
  - » A child aged 0–11 or disabled with moderate or significant care needs is left alone;
  - » Lack of supervision for a child aged 6 or younger;
  - » Lock-in/out of a child aged 0–11;
  - » Driving under the influence or operating a boat or vessel under the influence while a child is present;
  - » Diagnosed malnutrition;
  - » Non-organic failure to thrive;
  - » Other medical neglect;

- » Severe physical neglect;
- » Verbal innuendo or inappropriate sexualized statements to a child intended to entice or alarm;
- » Exploitation;
- » Child pornography;
- » Sexual abuse;
- » Shaken baby incidents; OR
- » Child death.

AND

- There appears to be validity to the allegations after the alleged victim has been interviewed.

**8. Removal from current placement is necessary because interventions 1–7 do not adequately ensure the child’s safety.**

One or more children are removed from the current placement to an alternative placement resource.

**Supplemental Item**

Is the child in current danger of harm due to his/her own behavior?

- The child is currently engaging in behaviors that place him/her at imminent risk of serious harm. Examples include but are not limited to children who run away from the foster home and place themselves in unsafe living/sleeping situations, children who engage in prostitution, and children who engage in self-harming behaviors that require medical intervention.
- The child’s care provider has responded appropriately and made reasonable efforts to help the child modify his/her behavior. Examples include but are not limited to seeking counseling, treatment, and/or other services for the child, and increasing direct supervision and monitoring of the child. If the care provider has not taken appropriate and reasonable steps to respond to the child’s behavior, select one of the safety threats above.
- The care provider’s current efforts, although appropriate, are insufficient to prevent the child from engaging in the behavior in the near future.

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
SDM® FAMILY RISK ASSESSMENT**

r: 12-12

Primary Caregiver's Name: \_\_\_\_\_ Secondary Caregiver's Name: \_\_\_\_\_

Were there allegations in this household? ☐ Yes ☐ No

Office: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>NEGLECT</b>	<b>Score</b>	<b>ABUSE</b>	<b>Score</b>
N1. Current report is for neglect		A1. Current report is for abuse	
a. No.....0		a. No.....0	
b. Yes.....1	_____	b. Yes.....1	_____
N2. Prior screened-in reports (assign highest score that applies)		A2. Number of prior screened-in reports of abuse	
a. None.....0		a. None.....0	
b. One or more, <u>abuse</u> only.....1		b. One.....1	
c. One or two for <u>neglect</u> .....2		c. Two or more.....2	_____
d. Three or more for <u>neglect</u> .....3	_____		
N3. Household has previously received ongoing child protection services		A3. Household has previously received ongoing child protection services	
a. No.....0		a. No.....0	
b. Yes.....1	_____	b. Yes.....1	_____
N4. Number of children in the household		A4. Prior injury to a child resulting from abuse/neglect	
a. One, two, or three.....0		a. No.....0	
b. Four or more.....1	_____	b. Yes.....1	_____
N5. Age of youngest child in the home		A5. Primary caregiver's assessment of incident (check applicable items and add for score)	
a. Two or older.....0		a. Neither b or c apply.....0	
b. Under 2.....1	_____	b. <input type="checkbox"/> Blames child for abuse/neglect.....1	
N6. Primary caregiver provides physical care consistent with child needs		c. <input type="checkbox"/> Justifies abuse/neglect.....2	_____
a. Yes.....0		A6. Domestic/family violence between any adult household member in the past year	
b. No.....1	_____	a. No.....0	
N7. Primary caregiver mental health		b. Yes.....2	_____
a. No problems.....0		A7. Primary caregiver characteristics (check applicable items and add for score)	
b. Past or current problems.....1	_____	a. Neither b, c, or d apply.....0	
N8. Primary caregiver alcohol or drug use (check applicable items and add for score)		b. <input type="checkbox"/> Provides insufficient emotional/psychological support.....1	
a. <input type="checkbox"/> No problem.....0		c. <input type="checkbox"/> Employs excessive/inappropriate discipline.....1	
b. <input type="checkbox"/> Alcohol problem (current or historic).....1		d. <input type="checkbox"/> Overly controlling/bullying.....1	_____
c. <input type="checkbox"/> Drug problem (current or historic).....1	_____	A8. Primary caregiver has a history of abuse or neglect as a child	
N9. Characteristics of children in household (check applicable items and add for score)		a. No.....0	
a. Neither b, c, or d apply.....0		b. Yes.....1	_____
b. <input type="checkbox"/> Medically fragile or failure to thrive.....1		A9. Secondary caregiver alcohol or drug use	
c. <input type="checkbox"/> Developmental, physical, or learning disability.....1		a. No problem or no secondary carer.....0	
d. <input type="checkbox"/> Positive toxicology screen at birth.....1	_____	b. Alcohol and/or drug problem (check all applicable).....1	
N10. Housing (check applicable items and add for score)		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug	
a. Neither b or c apply.....0		A10. Characteristics of children/young people in household (check appropriate items and add for score)	
b. <input type="checkbox"/> Housing is physically unsafe.....1		a. Neither b, c, or d apply.....0	
c. <input type="checkbox"/> Homeless at any time during investigation.....2	_____	b. <input type="checkbox"/> Delinquent behavior.....1	
		c. <input type="checkbox"/> Developmental or learning disability.....1	
		d. <input type="checkbox"/> Mental health or behavioral problem.....1	_____
<b>TOTAL NEGLECT RISK SCORE</b> _____		<b>TOTAL ABUSE RISK SCORE</b> _____	

**SCORED RISK LEVEL.** Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> 0-1	<input type="checkbox"/> 0-1	<input type="checkbox"/> Low
<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> Moderate
<input type="checkbox"/> 5-8	<input type="checkbox"/> 5-7	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 8 +	<input type="checkbox"/> Very High

**POLICY OVERRIDES.** Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child.                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Non-accidental injury to a non-verbal child.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Severe non-accidental injury.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (past or current). |

**DISCRETIONARY OVERRIDE.** If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

☐ Yes    ☐ No    5. If yes, override risk level (mark one):    ☐ Moderate    ☐ High    ☐ Very High

Discretionary override reason: \_\_\_\_\_

Supervisor review/approval of discretionary override: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINAL RISK LEVEL** (mark final level assigned):    ☐ Low    ☐ Moderate    ☐ High    ☐ Very High

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Ongoing service
Very High	Ongoing service

\*When unresolved safety threats are still present at the end of the investigation (i.e., the most recent safety assessment finding was unsafe or safe with agreement), treatment services should be provided regardless of risk level.

## Supplemental Items

**S1. Does the primary caregiver have biological children who are not in his/her care?**

- ☐ No  
☐ Yes

**S2. Do all of the children in the household share the same biological parents?**

- ☐ No  
☐ Yes

**S3. Indicate if the household is currently receiving Medicaid, SNAP (food stamps), or TANF.**

- ☐ Medicaid  
☐ SNAP (food stamps)  
☐ TANF  
☐ No household member receives benefits from Medicaid, SNAP, or TANF

**S4. Either the primary or secondary caregiver has difficulty with cognitive function.**

Primary Caregiver

- ☐ No  
☐ Yes

Secondary Caregiver

- ☐ No  
☐ Yes

**S5. Primary caregiver's educational attainment.**

- ☐ No high school diploma, no GED  
☐ GED  
☐ High school diploma  
☐ Some college  
☐ Associate's degree  
☐ Bachelor's degree  
☐ Academic or professional degree beyond bachelor's degree

**S6. Household members make use of an informal support system in order to enhance the safety of their children.**

- ☐ No  
☐ Yes

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
FAMILY RISK ASSESSMENT  
POLICY**

**Purpose and Policy**

Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. High-risk families have significantly higher rates of subsequent investigation and substantiation than low-risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: Agency resources are targeted to higher-risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

**Which Cases:** All intrafamilial reports of abuse, neglect, or dependency receiving an in-person response.

Exclude investigations or family assessments of allegations of out-of-state runaway and abandoned infant (Safe Arms).

**Which Household:** Assess the alleged perpetrator's household.

Assess a non-custodial parent's household if the child will be removed from the custodial parent's household and placed with the non-custodial parent.

**Who:** The worker who is responding to the report.

**When:** After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the investigation being closed or transferred as an ongoing treatment case.

This is no later than 45 days from receipt of the report **unless a child has been removed from the home**. If a child has been removed from the home, complete the risk assessment within 20 days.

For children in out-of-home care with a return home goal, if a second parent living in a separate household will receive child welfare services, complete a base-line risk assessment within 30 days of identifying that parent in FACTS.

**Decision:**

Identifies the level of risk of future maltreatment. The risk level guides the decision to close an investigation or transfer a case for ongoing treatment services.

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close*
Moderate	Close*
High	Ongoing service
Very High	Ongoing service

\*When unresolved safety threats are still present at the end of the investigation (i.e., the most recent safety assessment finding was unsafe or safe with agreement), treatment services should be provided regardless of risk level.

**DELAWARE DEPARTMENT OF SERVICES  
FOR CHILDREN, YOUTH, AND THEIR FAMILIES  
FAMILY RISK ASSESSMENT  
PROCEDURES**

The risk assessment is completed based on conditions that exist at the time the incident or risk of harm is reported and investigated and the prior history of the family. Only one household can be assessed on the risk assessment form. Always assess the household in which the child abuse/neglect incident is alleged. If a child is removed from his/her home and placed with a non-custodial parent (or if such a placement is planned), also complete a risk assessment on the household of the non-custodial parent.

Scoring Individual Items:

A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are objective (such as prior child abuse/neglect history or the age of the child). Others require the worker to use discretionary judgment based on his/her assessment of the family. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caregiver, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to the definitions to determine his/her selection for each item.

After all index items are scored, the worker totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect risk scores) is entered.

Counting Prior CPS History:

Include prior investigations in which any adult household member was alleged as a perpetrator (N2, A2) and prior cases involving an adult household member (N3, A3).

Policy Overrides:

After completing the risk assessment, the worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides require supervisory approval.

Note: Mark yes or no as appropriate for each policy override.

1. Sexual abuse case AND the perpetrator is likely to have access to the child.
2. Non-accidental injury to a non-verbal child.
3. Severe non-accidental injury (e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds,

severe cuts, or any other physical injury *that requires medical treatment* and seriously impairs the health or well-being of the child).

4. Caregivers action or inaction resulted in death of a child due to abuse or neglect (past or current).

#### Discretionary Override:

A discretionary override is applied by the worker to increase the risk level any case in which the worker believes the risk level set by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one unit (e.g., from low to moderate OR moderate to high, but NOT from low to high). Discretionary overrides require supervisory approval.

After completing the override section, indicate the final risk level, which is the highest of the scored risk level; policy override risk level; (which is always very high); or discretionary risk level.

#### Disposition:

FACTS will display the recommended response based on the risk-based case open/close guide. Enter the actual case disposition (transferred as an ongoing treatment case or not). If the recommended response differs from the actual disposition, provide an explanation.

Examples of explanation include the following:

- Promoting a low- or moderate- risk family to a case:
  - » Unresolved safety threats. Based on SDM safety assessment, one or more safety threats could not be resolved.
- Not promoting a high- or very-high risk family to a case:
  - » Family refuses to cooperate with agency AND no legal recourse. Family was informed of their high- or very high- risk level and a transfer to treatment services was planned. However, the family has refused to participate in services. Prior to selecting this option, the worker must consult with his/her supervisor and/or the Department of Justice to determine that further legal action cannot be taken.
  - » Family is receiving or has been connected with community services that will address priority needs and/or contributing factors. The family is already engaged in services OR the worker will assist the family in making connections to community services (worker is certain that an appointment was made and verifies follow-through). These services are directly related to the priority needs that contribute to risk.

### Documentation and Narrative:

When you document your risk assessment in FACTS, several fields must be completed. Please refer to the guidance below when completing a risk assessment in FACTS. The answer to every risk item must be documented in one of the following fields.

#### Narrative 1:

1. Briefly summarize the date and content of each report.

This section should describe the date the report was received, whether the report was a P1, P2, or P3; include a summary of the allegations; and discuss the alleged perpetrator(s) and alleged victim(s). Also include information about linked reports received during the course of the investigation and whether the new reports alleged similar or different allegations.

2. Describe the key events or activities that occurred during the investigation.

Include who was interviewed within the family and their relationships and identify the completed collateral contacts. If the collateral contacts indicated any concerns about abuse/neglect, provide specifics. Also include, when applicable, whether:

- A multi-disciplinary investigation with law enforcement, the Department of Justice, and Children's Advocacy Center was initiated. Specify the names of the involved law enforcement department and personnel and indicate if any charges were filed, the status of the charges, and any pending or current court orders related to the charges or criminal findings.
- Any medical or mental health interventions were needed/required and, if so, indicate the specifics and the outcome.
- Any courtesy requests that were made to an out-of-state CPS agency and, if so, the agency name, the nature of the courtesy request, and what was completed by that agency.
- DFS obtained custody of any of the children during the course of the investigation. If so, indicate which children, when, and why, and discuss any court hearings and future scheduled court hearings.
- Other key events occurred during the investigation (i.e., substance abuse evaluation, Protection from Abuse proceeding, etc.).

3. Describe household member history with DFS, the Division of Prevention and Behavioral Health Services (DPBHS), or the Division of Youth Rehabilitative Services (DYRS).

This section should provide a description of the family's prior DFS history to include substantiated and unsubstantiated findings, a history of voluntary and involuntary child

placements or termination of parental rights (TPR), history of the family receiving ongoing DFS treatment services, and any known CPS history of case-related family members in another state.

Other history should include whether any of the children have any history with DPBHS or DYRS and, if so, provide a brief summary of that activity (e.g., DPBHS history for crisis intervention, DYRS history for community probation, etc.). Also include if any of the children are currently active with DPBHS.

Provide an analysis of the historical record review and how it does or does not support the scored risk level.

4. Describe the physical conditions of the home.

Discuss who resides in the home and where the home is located. Provide a description of the home including its cleanliness, furniture, utilities, food, and any safety hazards. Describe any concerns about the condition of the home. If the family is homeless or residing in a shelter or with friends/relatives, explain the surrounding circumstances that created the current living situation.

Narrative 2:

5. Describe the characteristics and behaviors of adult household members.

This section should include the following.

- Any information regarding the parent's substance abuse, domestic violence, or mental health status—history and/or current.
- Behavioral descriptions (e.g., Mother self-reports using crack cocaine on a weekly basis and has been using for six months, or Mother self-reports using while in the community with friends, but does not use at home). Make sure to include if the parent's substance abuse, domestic violence, or mental health status is having an impact on the child (e.g., Child reports that because Mother is spending her paycheck on alcohol, child does not have adequate food in the home so the child will ask the neighbors for food).
- Caregiver behaviors that we are worried about and the impact this places on the child.
- A description of the relationships in the home, both positive and negative. Include factors about the interactions, communication, boundaries, etc. Examples of things to include would be any domestic violence, parent-child conflict, close bonds, etc.

6. Document each child's well-being.

In this section, include all the information you gathered about each child such as school, grade level, whether academically or developmentally age appropriate (regular education or special needs), any diagnosed medical or mental health issues, any prescribed medications, any substance abuse issues (including pre-natal drug exposure or Fetal Alcohol Spectrum Disorder), any services/activities in which the children are involved, and a description of each child (how they presented upon interview). For children ages birth to 3 years, indicate if a referral was made to the Division of Public Health Child Development Watch program.

7. What are the family's strengths?

This section should identify any strengths, the capacity of the parents to protect the children, acts of protection by the parents to mitigate the harm or danger, healthy relationships, etc. Also include what is working well from all perspectives (parents, collateral contact reports, DFS, support network, etc.).

Conclusion:

8. Investigation Findings

Summarize how each party (alleged perpetrator, non-offending caregiver, child victims) responded to the allegations and if statements were consistent or conflictual.

- Discuss the perspectives of other professionals in relation to the allegations such as law enforcement, the teacher or school counselor, pediatrician, Probation and Parole, etc. Note if criminal charges are pending or what charges have been filed, whether any medical examinations are scheduled, or the results of medical examinations related to the allegations.
- Describe the caregivers' response (e.g., denial, blame, remorse) to the allegations and whether they were cooperative or not.
- Discuss identified safety threats and actions taken (e.g., child safety agreement or placement). Discuss whether a child safety agreement remains in place or if a child safety agreement had been in place but was terminated after review.

9. Investigation Outcome

- Is there a preponderance of the evidence to substantiate? Discuss the basis for the primary finding and, when applicable, the secondary and tertiary findings. Note the dates and times of pending family court hearings (e.g., dependency/neglect or substantiation) and the involved child(ren).

- When there is not a preponderance of the evidence to substantiate, describe any concerns about the family.
- Do ongoing services need to be provided by DFS? If so, include a harm or risk statement.
- When a decision is made to close a case, explain the reason. Always justify the closure of a substantiated case or a case with high or very high risk.

## Recommendations

- Discuss any recommendations that have been made to the family throughout the investigation, including any recommendations made at case closure or transfer. This can include any educational information that was provided, any services that were recommended, any referrals that were made during the course of the investigation, any recommendations that were made to the family to continue after case closure, and any recommendations/information that was provided to the family about why their case is being transferred to DFS treatment.
- When a case is being transferred to DFS treatment, discuss whether a child safety agreement is in place and the conditions.
- Note any other involved professionals or agencies and highlight issues or activities that may require the immediate attention of DFS treatment staff (i.e., scheduled substance abuse assessment, scheduled family team meeting, Best Interest Meeting at school, etc.) or other professionals.

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND  
THEIR FAMILIES  
SDM<sup>®</sup> FAMILY RISK ASSESSMENT  
DEFINITIONS**

The risk assessment is composed of two indices: the neglect index and the abuse index. Both indices must be completed, regardless of the current allegation. Only one household can be assessed on a risk assessment tool. If two households are involved in the alleged incident(s), separate risk assessment tools should be completed for each household.

In applying the definitions, consider conditions that existed AT THE BEGINNING of the assessment/investigation. Also mark any risk items that emerged or occurred DURING the assessment/investigation, unless otherwise stated in the definition.

**NEGLECT INDEX**

**N1. Current report is for neglect**

The current report includes any type of neglect allegation or a dependent child allegation.

**N2. Prior screened-in reports (*assign highest score that applies*)  
*Where possible, history from other states should be checked.***

Screened-in reports include those accepted for investigation or family assessment.

- Count prior screened-in reports involving any adult members of the current household who were alleged perpetrators. Include all household adults, regardless of whether they are current caregivers for any child. Include prior screened-in reports for child victims no longer in the household if the alleged perpetrator is still a member of the household.
- Do not count prior reports:
  - » In which allegations were perpetrated by an adult who is not part of the current household.
  - » A child in the home was identified as a perpetrator of abuse/neglect.
  - » That were screened out, including Progress Notes and other states' 'Information Only' reports.
  - » In which the investigation was administratively discontinued or discontinued due to an erroneous report.
- a. None. No screened-in reports prior to the current investigation/assessment.

- b. One or more, abuse only. One or more screened-in reports, substantiated or not, for any type of abuse prior to the current investigation/assessment AND no prior neglect reports that were screened in. Abuse includes physical, emotional, or sexual abuse.
- c. One or two for neglect. One or two screened-in reports, substantiated or not, for any type of neglect prior to the current investigation/assessment, with or without prior abuse reports.
- d. Three or more for neglect. Three or more screened-in reports, substantiated or not, for any type of neglect prior to the current investigation/assessment, with or without prior abuse reports.

**N3. Household has previously received ongoing child protection services**  
*Where possible, history from other states should be checked.*

Any member of the current household has previously received or is currently receiving ongoing child protection services as a result of a prior investigation/assessment in which caregiver was an alleged perpetrator. CPS Service history includes voluntary or court-ordered intervention/CPS services.

- Include services as follows:
  - » Temporary care arrangements.
  - » Treatment services.
  - » Non court-ordered services as arranged by CPS.
  - » Ongoing abuse/neglect services that were provided by other states.
- Exclude services or reports provided for reasons other than abuse/neglect (e.g. requests for assistance or homelessness).

**N4. Number of children in the household**

Include children who are temporarily absent but expected to return. (For example, count children who were removed from the home during the investigation, children who have run away but are expected to return, children who are incarcerated, children who are in residential mental health treatment, or children temporarily away at boarding school or camp.)

Note: If assessing a caregiver's household that will be receiving reunification/treatment services, score this item as if the child was residing in that household.

**N5. Age of youngest child in the home**

Age of the youngest child currently residing in the household where abuse/neglect allegedly occurred. If a child is removed as a result of the current investigation/assessment or otherwise is temporarily placed/residing outside of the household, count the child as residing in the household. If the child has permanently left

the home (e.g., a court awards full custody/permanent guardianship to another caregiver during the investigation) as a result of the investigation, do not count. (Note: If assessing a non-custodial caregiver household that will be receiving treatment services, score this item as if the child was residing in the non-custodial household.)

**N6. Primary caregiver provides physical care consistent with child needs**

Physical care of the child includes feeding, clothing, shelter, hygiene, and medical care of the child. Consider the child's age/developmental status.

ANSWER NO IF:

- The current report of neglect relates to physical care AND is being substantiated. (Do not include failure to protect, inadequate supervision, or other neglect allegations unrelated to physical care.)

OR

- Regardless of whether there is a current neglect substantiation, the child has been harmed or his/her well-being has been threatened because of unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent's control. For example:
  - » Child has a significant medical/dental/vision condition that requires care and care is not being provided.
  - » Child persistently does not *have* clothing that is appropriate for weather conditions, OR clothing is persistently unwashed.
  - » Plumbing and heating in living environment is not consistent with local codes or standards, has potentially dangerous conditions (e.g., unlocked poisons, dangerous objects in reach of small child), is unsanitary, or is infested, AND these conditions persist regardless of any attempt parents/carers have made to rectify problems. If living environment concerns are to the degree that it is *unsafe*, also score N10.
  - » Child frequently goes hungry or thirsty, has lost weight, or has failed to gain weight as appropriate to age group or situation.
  - » The child is not being bathed regularly, resulting in dirt-caked skin and hair and a strong odor.

## **N7. Primary caregiver mental health**

MARK IF:

- A professional qualified to do so has diagnosed the primary caregiver with a mental health condition other than substance-related disorders.
- The primary caregiver has/had multiple reports for mental health/psychological evaluations, treatment, or hospitalizations.

If primary caregiver has never been diagnosed but appears to have (or have had) a mental health problem, consider obtaining an assessment prior to scoring. Do not count reports motivated solely by efforts to undermine the credibility of the primary caregiver or other ulterior motives (e.g., custody disputes).

## **N8. Primary caregiver alcohol or drug use**

MARK IF:

The primary caregiver has a past or current alcohol/drug abuse problem, including abuse of prescribed drugs, that interferes or interfered with his/her or the family's functioning. Any of the following may be true of the primary caregiver:

- A professional qualified to do so has diagnosed the primary caregiver with a substance-related disorder.
- If primary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem, including abuse of prescribed drugs, consider obtaining an assessment prior to scoring. If caregiver is unwilling to participate in an assessment, or for other reasons an assessment cannot be completed, also count if the primary caregiver:
  - » Self-identifies as an alcoholic or addict.
  - » Uses substances in ways that have negatively affected his/her:
    - Employment;
    - Marital or family relationships; or
    - Ability to provide protection, supervision, and care for the child.
- Has a current arrest or past conviction for use, possession, or distribution of illicit substances; crimes committed under the influence of substances; or crimes committed to obtain substances.
- Has a current arrest or past conviction for driving/boating under the influence.

- Has had multiple positive urine/blood samples.
- Has/had health/medical problems resulting from substance use.
- Has given birth to a child diagnosed with fetal alcohol spectrum disorder (FASD), or a child had a positive toxicology screen at birth.

Abuse of prescribed drugs should be scored.

#### **N9. Characteristics of children in household**

*The items marked here should match item A10.*

a. Neither b, c, or d apply. No child in the household exhibits characteristics listed below.

b. Medically fragile or failure to thrive. Any child in the household *has a current diagnosis* of medically fragile or failure to thrive as evidenced by caregiver's statement of such a diagnosis, medical records, and/or doctor's report.

\*Medically fragile: Infant has a medical condition that requires technological intervention and the condition, if untreated, is likely to result in death or serious harm. For example, child requires a trach/vent or central line feeding.

c. Developmental, physical, or learning disability. Any child in the household who has a developmental, physical, or learning disability *that has ever been diagnosed by a professional* (e.g., doctor, school counselor, psychologist, etc.) as evidenced by caregiver's statement of such a diagnosis, medical/school records, and/or professional's statement.

d. Positive toxicology screen at birth. Any child had a positive toxicology report at birth for alcohol or another drug/substance not used according to a doctor's prescription, and the primary or secondary caregiver is the birth mother.

#### **N10. Housing**

Score this item based on the family's housing conditions or situation *absent* any intervention by the worker or other engaged in a child safety agreement.

a. Neither b or c apply. The family has housing that is physically safe.

b. Housing is physically unsafe. The family has housing but the housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (for example, exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, or rotting food).

- c. Homeless. The family was homeless or about to be evicted at any time during the investigation/assessment. Consider families that are highly housing insecure to be homeless. For example, if the family is transient, frequently changes homes, and/or has no stable place to stay from week to week, consider that family to be homeless. Alternatively, if the family has a stable place to stay (e.g., a relative's home) and the housing situation is unlikely to change in the near future (i.e., is unlikely to change in the next 90 days), the family would not be considered homeless (even if they are not the homeowners or signers on a lease).

## **ABUSE INDEX**

### **A1. Current report is for abuse**

The current report includes any type of abuse allegation. This includes the following:

- Physical abuse;
- Emotional abuse; or
- Sexual abuse.

### **A2. Number of prior screened-in reports for abuse**

*Where possible, history from other states should be checked.*

Screened-in reports include those accepted for investigation or family assessment.

- Count prior screened-in reports involving any adult members of the current household who were alleged perpetrators of abuse (physical, emotional, or sexual abuse/sexual exploitation). Include all household adults, regardless of whether they are current caregivers for any child. Include prior screened-in reports for children no longer in the household.
- Do not count the following:
  - » Prior screened-in reports of abuse in which allegations were perpetrated by an adult who is not part of the current household.
  - » Prior screened-in reports in which a child in the home was identified as the perpetrator of abuse/neglect.
  - » Reports that were screened out including Progress Notes and other states' 'Information Only' reports.
  - » Reports for which the resultant investigation was administratively discontinued or discontinued due to an erroneous report.

- a. None. No abuse investigations/assessments prior to the current investigation/assessment.
- b. One. One investigation/assessment, substantiated or not, for any type of abuse prior to the current investigation.
- c. Two or more. Two or more investigations/assessments, substantiated or not, for any type of abuse prior to the current investigation/assessment.

**A3. Household has previously received ongoing child protection services**  
***Where possible, history from other states should be checked.***

Any member of the current household has previously received or is currently receiving ongoing child protection services as a result of a prior investigation/assessment in which caregiver was an alleged perpetrator. CPS service history includes voluntary or court-ordered intervention/CPS services.

- Include services as follows:
  - » Temporary care arrangements.
  - » Treatment services.
  - » Non court-ordered services as arranged by CPS.
  - » Ongoing abuse/neglect services that were provided by other states.
- Exclude services or reports provided for reasons other than abuse/neglect (e.g., requests for assistance or homelessness).

**A4. Prior injury to a child resulting from abuse/neglect**

Include all prior injuries to household children, regardless of whether or not the perpetrator is currently a member of the household. Also include any household adult (caregiver or not) who has previously injured a child in an incident of abuse or neglect.

- An adult in the household (even if he/she was not a caregiver) was previously substantiated for abuse or neglect that resulted in an injury to a child, whether or not he/she is a member of the current household.
- Though not previously reported or substantiated, there is now credible information that an adult in the household caused an injury to a child consistent with abuse or neglect, whether or not he/she is a member of the current household.

#### **A5. Primary caregiver's assessment of incident**

- a. Neither b or c apply. The caregiver neither blames nor justifies the current abuse/neglect or alleged abuse/neglect.
- b. Blames child for abuse/neglect. An incident of abuse or neglect has occurred (whether substantiated or not) and the primary caregiver blames the child for the abuse or neglect. Blaming refers to the caregiver's statement/belief that his/her action or inaction was the result of something that the child did or did not do (e.g., the child was hit by her stepfather because she talked back to him; caregiver claims that the child seduced him/her; caregiver says the child deserved to be hit because he/she misbehaved). Do not consider a caregiver to be blaming if he/she denies that the incident occurred or refuses to discuss the incident.
- c. Justifies abuse/neglect. An incident of abuse or neglect has occurred (whether substantiated or not) and the primary caregiver justifies the abuse or neglect. Justifying refers to the caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting (e.g., claims that this form of discipline was how he/she was raised, states the reason kids these days are always in trouble is because parents are too lenient). Do not consider a caregiver to be justifying if he/she denies the incident occurred or refuses to discuss the incident.

#### **A6. Domestic/family violence between any adult household member in the past year**

In the previous year, there have been two or more physical assaults resulting in no or minor physical injury; one or more serious incidents resulting in serious physical harm and/or involving use of a weapon; or multiple incidents of intimidation, threats, or harassment between caregivers or involving an adult household member and another adult(s). Incidents may be identified by self-report, credible report by a family or other household member, credible sources, and/or police reports.

Do not include violence between any adult household member and a child where the child is the alleged perpetrator of the violence. Consider the child's violent behavior under item A10.

Do not include arguments that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

#### **A7. Primary caregiver characteristics**

The characteristics below may have behaviors in common with the substantiation definitions for emotional abuse and/or neglect, but are separate and distinct from those categories. The definitions below should be considered as relating to the caregiver's behavior, independent of any impact (or lack of impact) on the child.

- a. Neither b, c, or d apply. The primary caregiver does not exhibit characteristics listed below.

- b. Provides insufficient emotional/psychological support. The primary caregiver consistently provides insufficient emotional/psychological support to the child, such as persistently depriving the child of affection or emotional support.
- c. Employs excessive/inappropriate discipline. The primary caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or inappropriate to the child's age or development. Discipline involves a pattern of behaviors by the caregiver to enforce rules or standards that are intended to instruct or correct the child.

Examples may include the following when done for the purpose of discipline or punishment:

- Locking the child in room or closet;
  - Holding the child's hand over fire;
  - Hitting the child with dangerous object or fist;
  - Depriving a child of physical and/or social activity for extended periods.
- d. Overly controlling/bullying. The primary caregiver over-controls or bullies the child and/or expects immediate compliance that is unreasonable given the child's age and/or development. This may be characterized by persistently berating/belittling of the child, a caregiver seeing his/her own way as the only way, or by little two-way communication between the caregiver and child.

**A8. Primary caregiver has a history of abuse or neglect as a child**

Based on credible statements by the primary caregiver or others, or any child protection history known to the agency, the primary caregiver was abused or neglected as a child (child protection history includes neglect and physical, sexual, or emotional abuse).

Note: Base your assessment of what the caregiver experienced as a child on *current* definitions of abuse/neglect regardless of what it was labeled at the time.

**A9. Secondary caregiver alcohol or drug use**

MARK IF:

The secondary caregiver has a past or current alcohol/drug abuse problem, including abuse of prescribed drugs, that interferes or interfered with his/her or the family's functioning. Any of the following may be true of the secondary caregiver:

- A professional qualified to do so has diagnosed the secondary caregiver with a substance-related disorder.

- If secondary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem, including abuse of prescribed drugs, consider obtaining an assessment prior to scoring. If caregiver is unwilling to participate in an assessment, or for other reasons an assessment cannot be completed, also count if the primary caregiver:
  - » Self-identifies as an alcoholic or addict.
  - » Uses substances in ways that have negatively affected his/her:
    - Employment;
    - Marital or family relationships; or
    - Ability to provide protection, supervision, and care for the child.
- Has a current arrest or past conviction for use, possession, or distribution of illicit substances; crimes committed under the influence of substances; or crimes committed to obtain substances.
- Has a current arrest or past conviction for driving/boating under the influence.
- Has had multiple positive urine/blood samples.
- Has/had health/medical problems resulting from substance use.
- Has given birth to a child diagnosed with fetal alcohol spectrum disorder (FASD), or a child had a positive toxicology screen at birth.

Abuse of prescribed drugs should be scored.

#### **A10. Characteristics of children/young people in household**

*The items marked here should match item N9.*

- a. Neither b, c, or d apply. No child in the household exhibits characteristics listed below.
- b. Delinquency behavior. Any child in the household has ever been involved with juvenile justice. Offending or antisocial behavior not brought to court attention but which creates stress within the household should also be scored, such as child who runs away or is habitually truant.
- c. Developmental or learning disability. Any child in the household has ever had a developmental or learning disability *that has been diagnosed by a professional* (e.g., physician, school counselor, psychologist, etc.) as evidenced by caregiver's statement of such a diagnosis, medical/school records, and/or professional's statement

- d. Mental health or behavioral problem. Any child in the household who has ever had a mental health or behavioral problems (includes attention deficit disorders) not related to a physical or developmental disability. This could be indicated by the following:
- A mental health diagnosis by a qualified professional;
  - Receiving mental health treatment;
  - Attendance in a special classroom because of behavioral problems; or
  - Currently taking psychotropic medication.

### **Supplemental Items**

- S1. Does the primary caregiver have biological children who are not in his/her care?**  
Mark yes if the primary caregiver has any biological children who are in the full-time care of another person. This may be through a prior placement of children with a foster parent (i.e., due to CPS involvement prior to this investigation), an informal care arrangement with a family member, full custody of the children being awarded to a prior partner, or any other reason. Do not include situations in which the primary caregiver shares custody of a child with another parent.
- S2. Do all of the children in the home share the same biological parents?**  
Mark yes if all of the children in the home have the same biological mother and father. Mark “no” if any child in the home has a parent different from the other children.
- S3. Indicate if the household is currently receiving Medicaid, SNAP, or TANF.**  
Mark if any household member is currently receiving services through Medicaid, SNAP (often referred to as food stamps), or the Temporary Assistance to Needy Families (TANF) program.
- S4. Either the primary or secondary caregiver has difficulty with cognitive function.**  
Mark yes if either the primary or secondary caregiver has limited cognitive function due to a diagnosed condition such as developmental delay, dementia, Alzheimer’s disease, or other condition that impairs cognition.
- S5. Primary caregiver’s educational attainment.**  
Indicate the highest level of education attained by the primary caregiver.
- S6. Household members make use of an informal support system in order to enhance the safety of their children.**  
Mark yes if any household adult has a supportive relationship with an extended family member, neighbor, or friend who has helped the family address problems in the past (e.g., child care, providing for child safety, assisting in finding employment, offering help with transportation, etc.). Do not include a relationship with the worker or with other

professionals engaged with the family. Mark “no” if the social support system offers the caregiver help, but he/she does not accept it.